

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 10070536 FILING DATE

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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21	4					
22	4					
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32						
33	4					
34	4					
35	4					
36	4					
37	4					
38	4					
39						
40						
41	2					
42	2					
43	2					
44	2					
45						
46						
47						
48						
49						
50						
TOTAL NO.						
TOTAL EP.						
TOTAL AIMB						

TOTAL IND. 21
TOTAL DEP. 172
TOTAL CLAIMS 192

0-1360 (3-77)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE

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